

Name
in
Full

William Meed Bayne

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
oyford		Talbot			
Date of death	Month	Day	Years	Months	Days
1909	June	3	Age 78	✓	0
Sex	Male	Color or Race	White	Birth-place	oyford Neck Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Rev. Thos. Bayne.				
Mother's Maiden Name	Caroline Singefator				
Name of person giving information	Ms. Walter Smith				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility & old age

154

X

How long

2 yrs

Immediate

Exhaustion

2 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

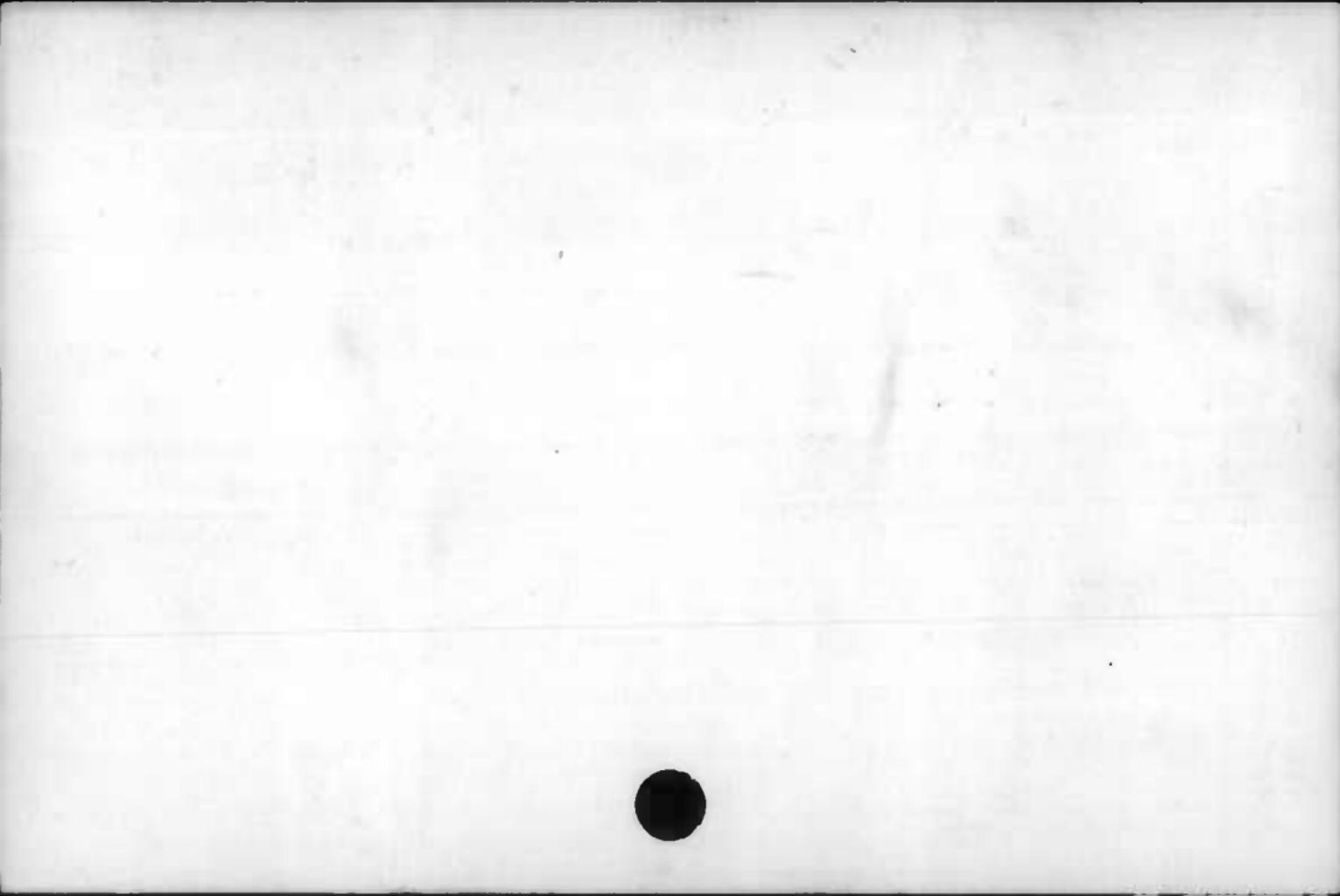
Signature of Physician

Address

J. M. Eccles MD

Oxford Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Joseph Perry Burton

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Annie Burton				
Mother's Maiden Name	Talbot Co.				
Name of person giving information	Helen Killeen				

+ arm/hand

Married

Joseph P. Burton

Mary Bailey

Douglas

CAUSES OF DEATH

79

X

How long

23m

How long

Primary

Heart - Trouble

Immediate

Heart - Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

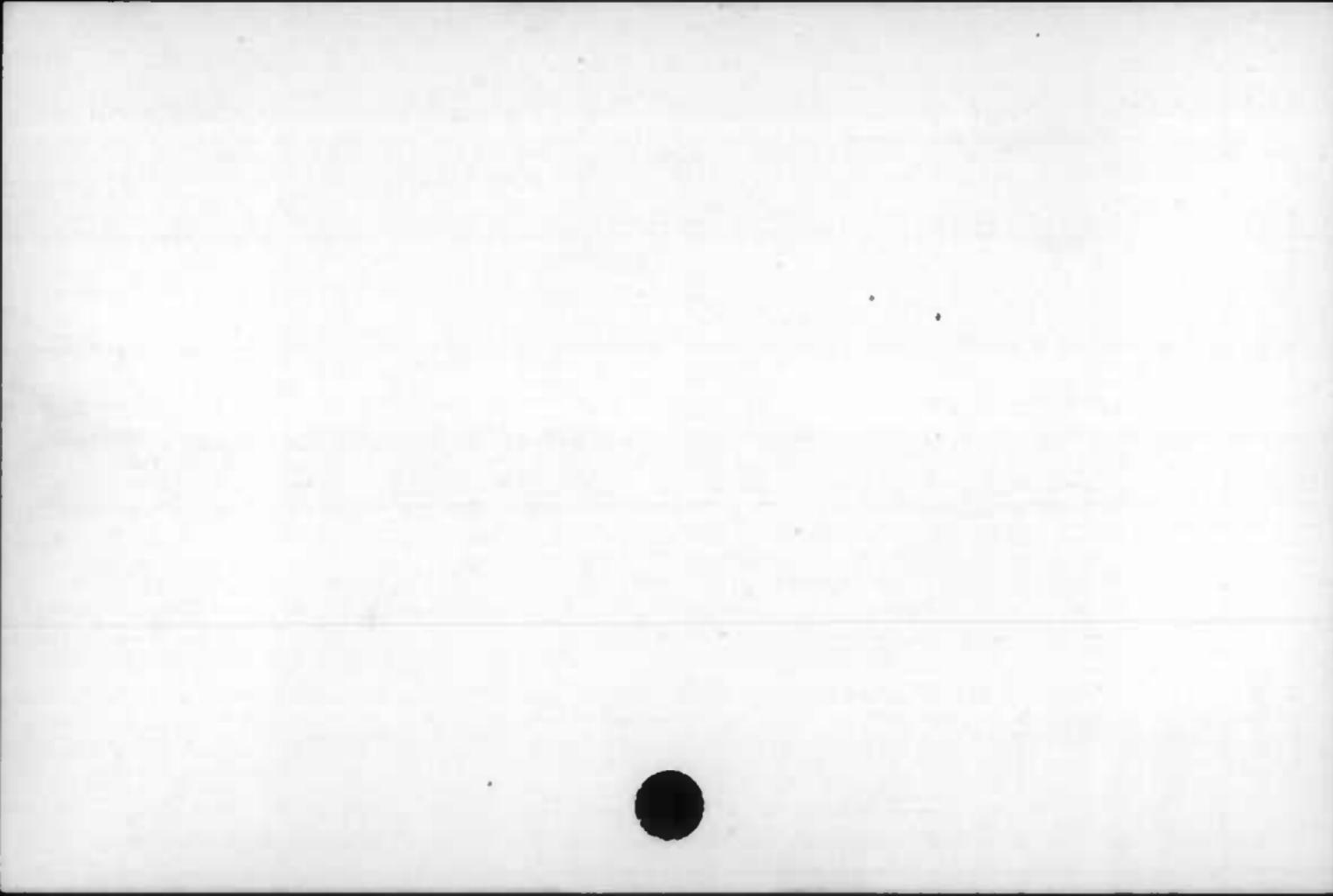
Signature of Physician

Dr. J. B. Sibley
St Michaels Md.

Address

Accident or Suicide?

2nd



Name
in
Full

Clarence Caulk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	St Michael	Talbot	
Date of death	Month	Day	Years
1909	June	20	17 years
Age	Months Days		
Sex	Male	Color or Race	white
Occupation	Birthplace		
School Boy	St Michaels		
Married, Single or Widowed	Where Residing if not at place of death		
Single	Baltimore Md		
Father's Name	Father's Birthplace		
Daniel L. Caulk	St Michaels		
Mother's Maiden Name	Mother's Birthplace		
Gertude Mathews	Baltimore		
Name of person giving information	How related to deceased		
My M Baynard	Cousin		

CAUSES OF DEATH

172

How long

How long

June 20th 1909

PHYSICIAN
OR CORONER

Primary

Trowning

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

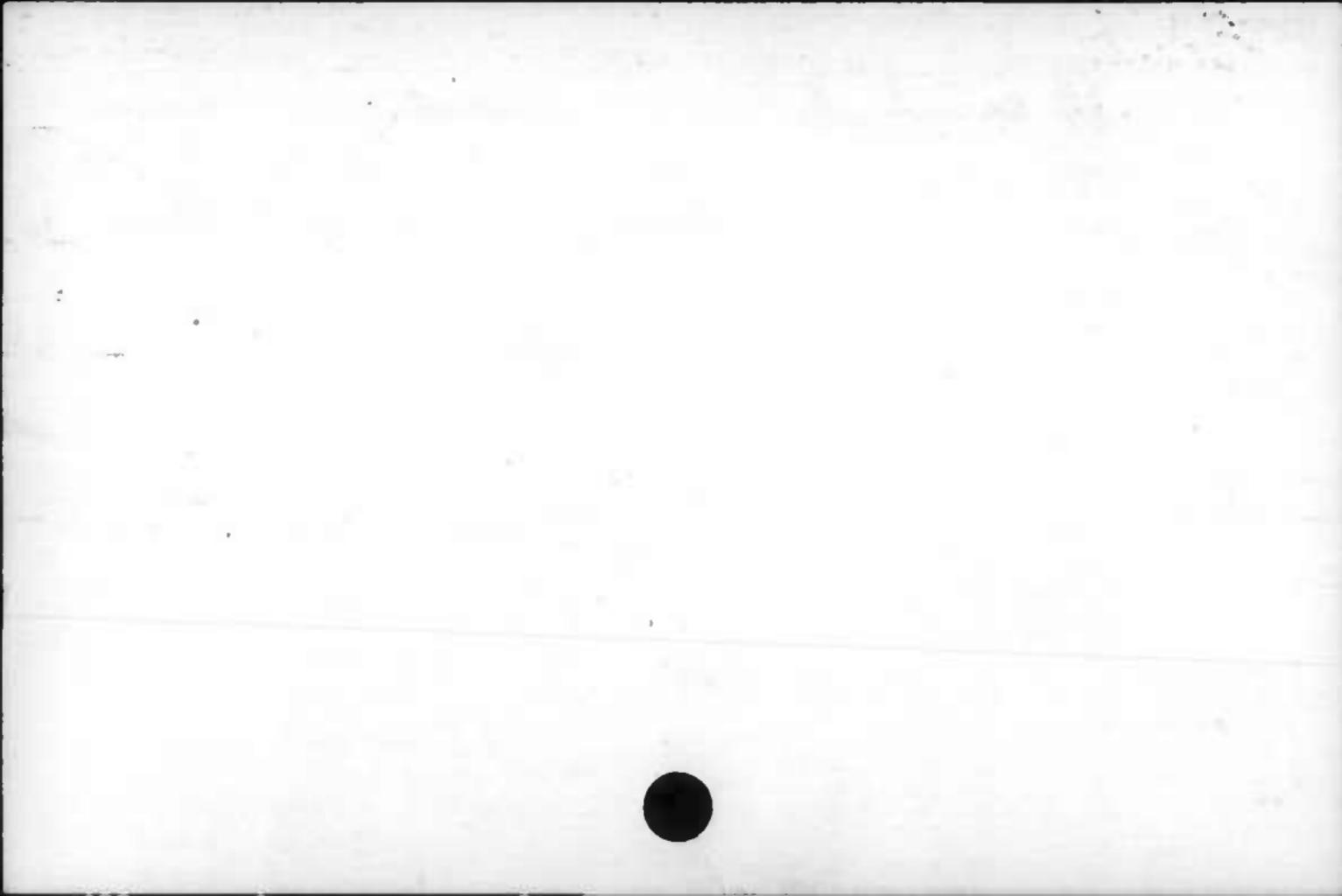
Signature of Physician

Address

E P Sparks ad Cor
St Michaels
Md

Accident or Suicide

accident



Name
in
Full

Margie May Golboerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	St Michaels	Talbot				
Date of death	1909	Month 6	Day 1	Year	Month 6	Day
Sex	female	Color or Race	Colored	Birth-place	St Michaels	
Occupation	wife	Where Residing if not at place of death			St Michaels	
Married, Single or Widowed	"	Name of Wife or Husband	wife	Father's Birthplace	Md	
Father's Name	W Jarvis H. Coulbourne			Mother's Birthplace	Md	
Mother's Maiden Name	Ida May Downs			How related to deceased		
Name of person giving Information				179	X	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

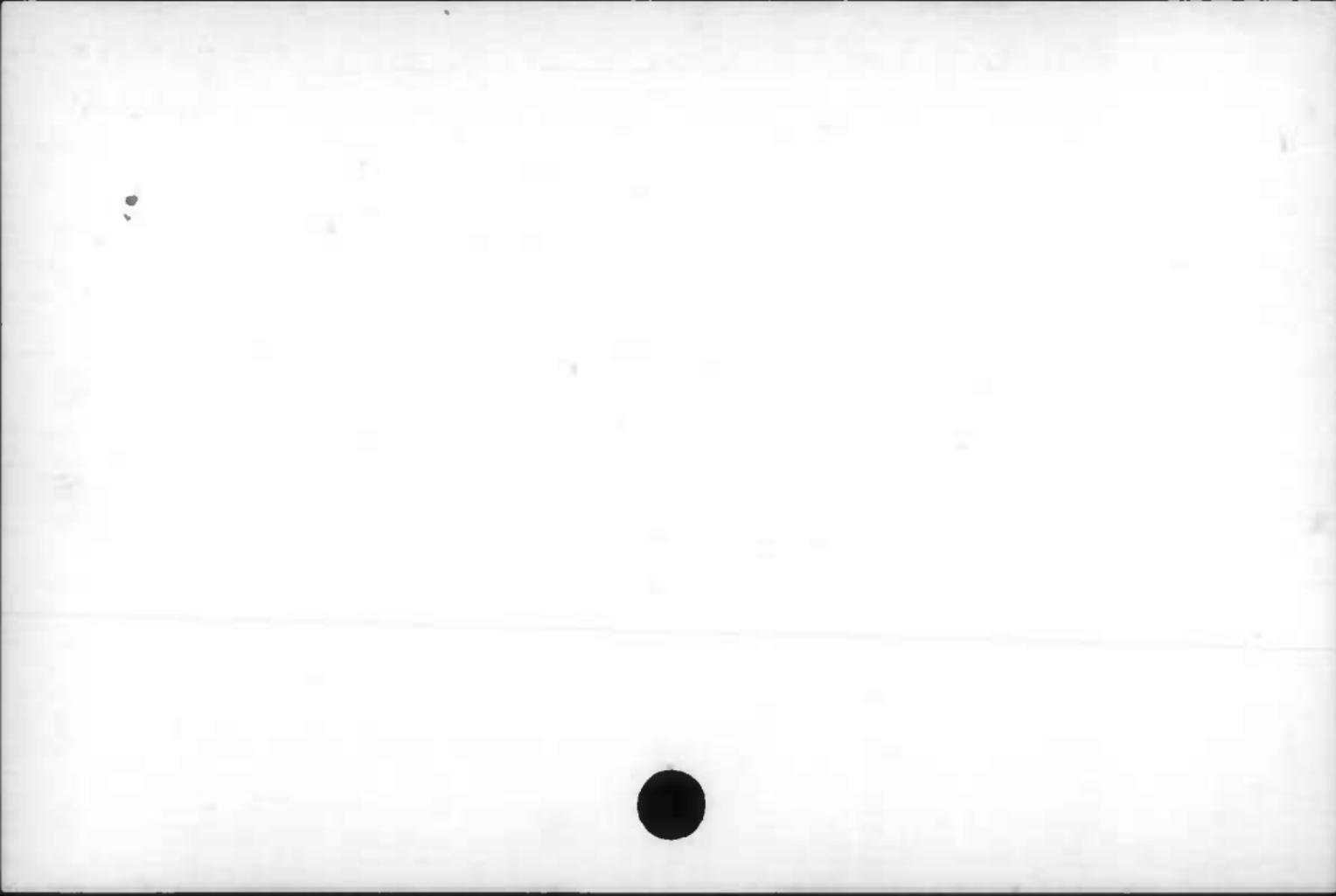
Signature of Physician

Address

J. C. Downs
St Michaels
Md

6

Accident or Suicide



Name
in
Full

Mary Elizabeth Dobson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	June	6 th	46.	9	41
Sex	Female	Color or Race	White	Birth-place Ward Kent Co 1900	
Occupation	Housework				
Married, Single or Widowed	Where Residing if not at place of death John Nicholas, Dobson				
Name of Husband					
Father's Name	John Emory Scotton				
Mother's Maiden Name	Caroline Scotton				
Name of person giving information	John E. Scotton				

CAUSES OF DEATH

88

Primary Inflammation of Larynx 3 Months
Immediate Strangal Suffocation 1 week

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. M. Eccles
Offon Md

Q
Accident or Suicide?



Name
in
Full

Lora L Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Easton Iowa		County	Taebi	
Date of death	Month	Day	Age	Years	Months
Sex	Female		Color or Race	Black	
Occupation	House Girl				
Married, Single or Widowed	Single		Name of Wife or Husband	X	
Father's Name	Owen Downs				
Mother's Maiden Name	Mary Harris				
Name of person giving Information	Mary Downs				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			Address		
Accident or Suicide			No.		

27

How long

4 months

How long

Robt May Jr.
Easton, Md

Log

8891
051

Name
in
Full

Arthur Willis Easter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at St. Michaels Town Saint Marys Co. County
1909 June 4 Month Age 55 Dey Years
Male Sex Color or
Occupation White Recd
Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur K Easter

Father's
Birthplace

Balto. Md

Mother's
Maiden Name

Elsiey Harrison Willis

Mother's
Birthplace

St. Michaels

Name of person giving
Information

Mrs. Emily Easter, mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Blood clot on brain

64

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

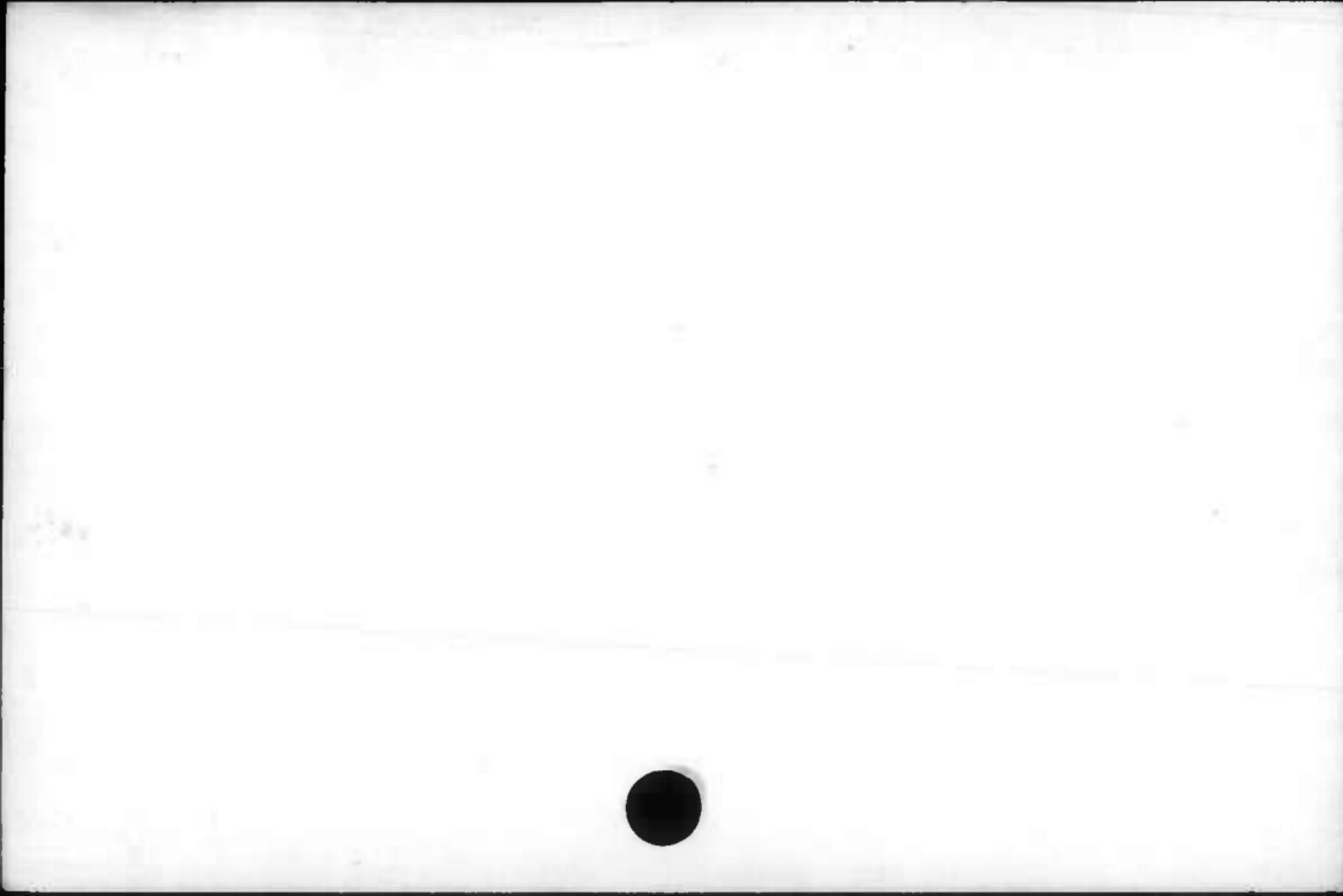
Yes

Signature of
Physician

Address

R. A. Dodson
St. Michaels Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robert - E. Eastman

CERTIFICATE OF DEATH

Died at

Town

County

Mc. Clain

Talbot

MARYLAND

Date
of death

1909

Month

June 24

Day

Years

50

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Alonot know

Occupation

also not know

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lorraine C Eastman

Father's
Name

also not know

Father's
Birthplace

unknown

Mother's
Maiden Name

also not know

Mother's
Birthplace

unknown

Name of person giving
Information

—

How related
to deceased

—

CAUSES OF DEATH

Primary

Pistol wound in Chest

159

X

How long

immediately

Immediate

Hemorrhage

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ad. B. Seltz

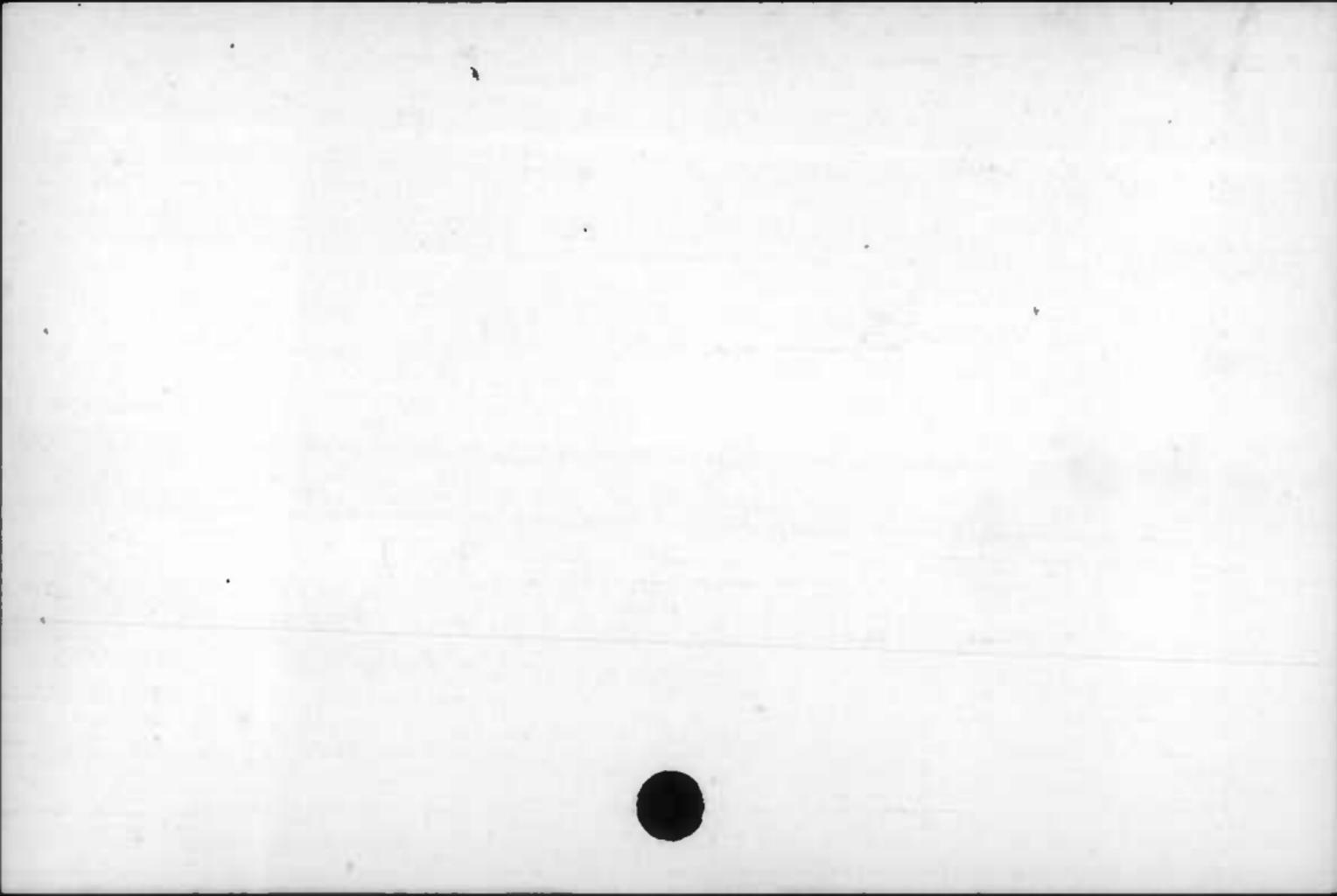
187 Michaels

St. Michael's

Md.

Accident or Suicide?

Suicide



Name
in
Full

Fannie Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND				
Died at	Easton	Talbot				
Date of death	Month	Day	Years	Age	Months	Days
1909 June	4th		36			
Sex	Female	Color or Race	Black	Birth-place	Talbot Co.	
Occupation	Servant			Where Residing if not et place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Gibbs	Father's Name	Astbury Peck	
Father's Name	Astbury Peck			Father's Birthplace	Talbot Co.	
Mother's Maiden Name	Lerina	Banton		Mother's Birthplace	" "	
Name of person giving Information	William Gibbs			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Tuberculosis of Rectum

29

How long

3 mos

Immediate
Exhaustion

How long
four weeks -

Are the name, age, sex, color, date
and place correctly given above?

yes

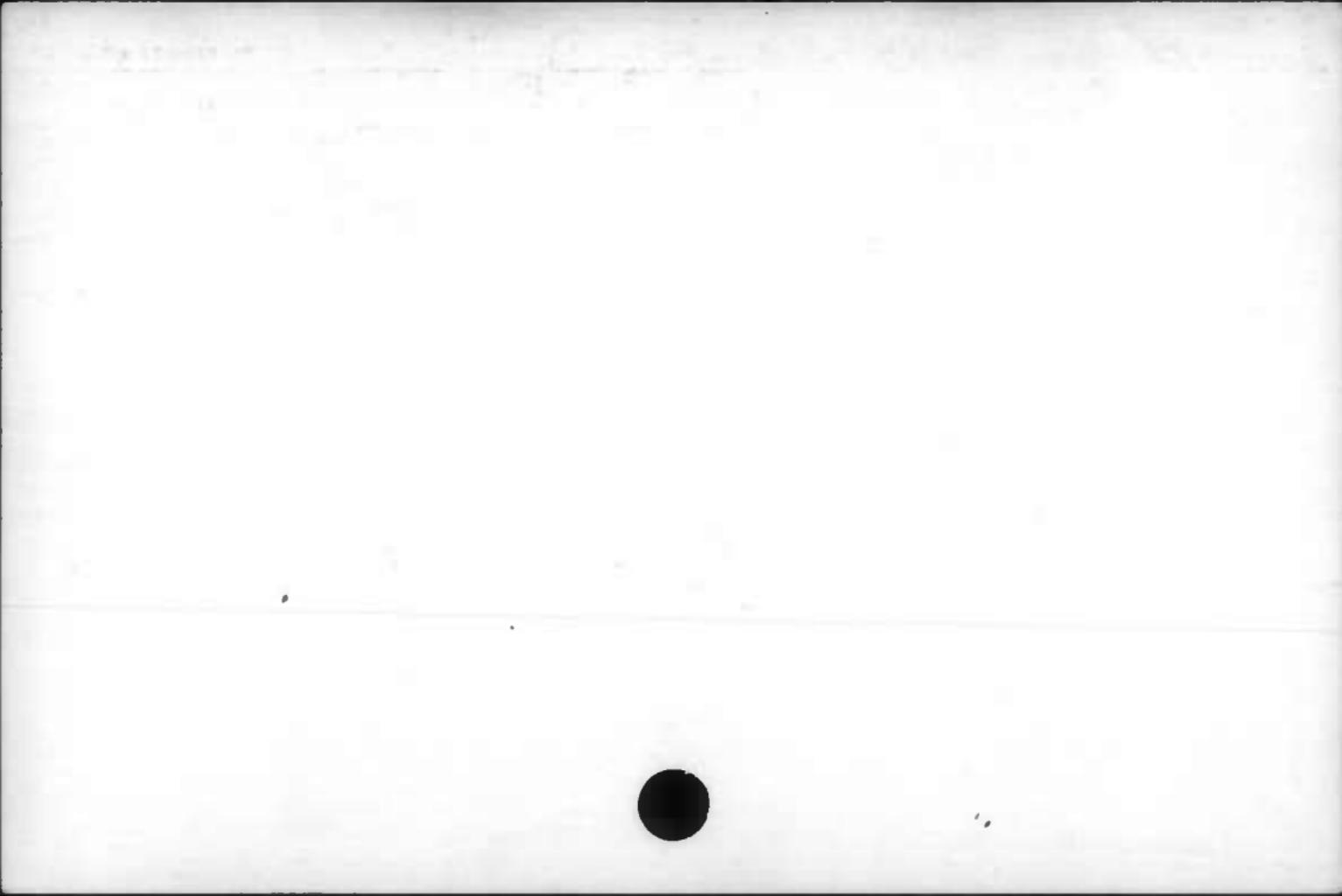
Signature of
Physician

Address

Chas. Hadadson

Easton, Md.

Accident or Suicide



Name
in
Full

Thomas Gibson.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near	Town Seaport	County Talbot	MARYLAND		
Date of death	Month 6	Day 23	Age 39	Months 10	Days -
Sex	Male	Color or Race Negro	Birth-place Talbot 60 md		
Occupation	Labourer.	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband Margaret Robinson.	Father's Birthplace Talbot 60 md		
Father's Name	Perry Gibson.	Mother's Birthplace " " "			
Mother's Maiden Name	Matilda Sewell.	How related to deceased Brother			
Name of person giving Information	Charles H Payne				

CAUSES OF DEATH

94

X

How long

14 months

How long

—

PHYSICIAN
OR CORONER

Primary

Emphysema

Immediate

Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

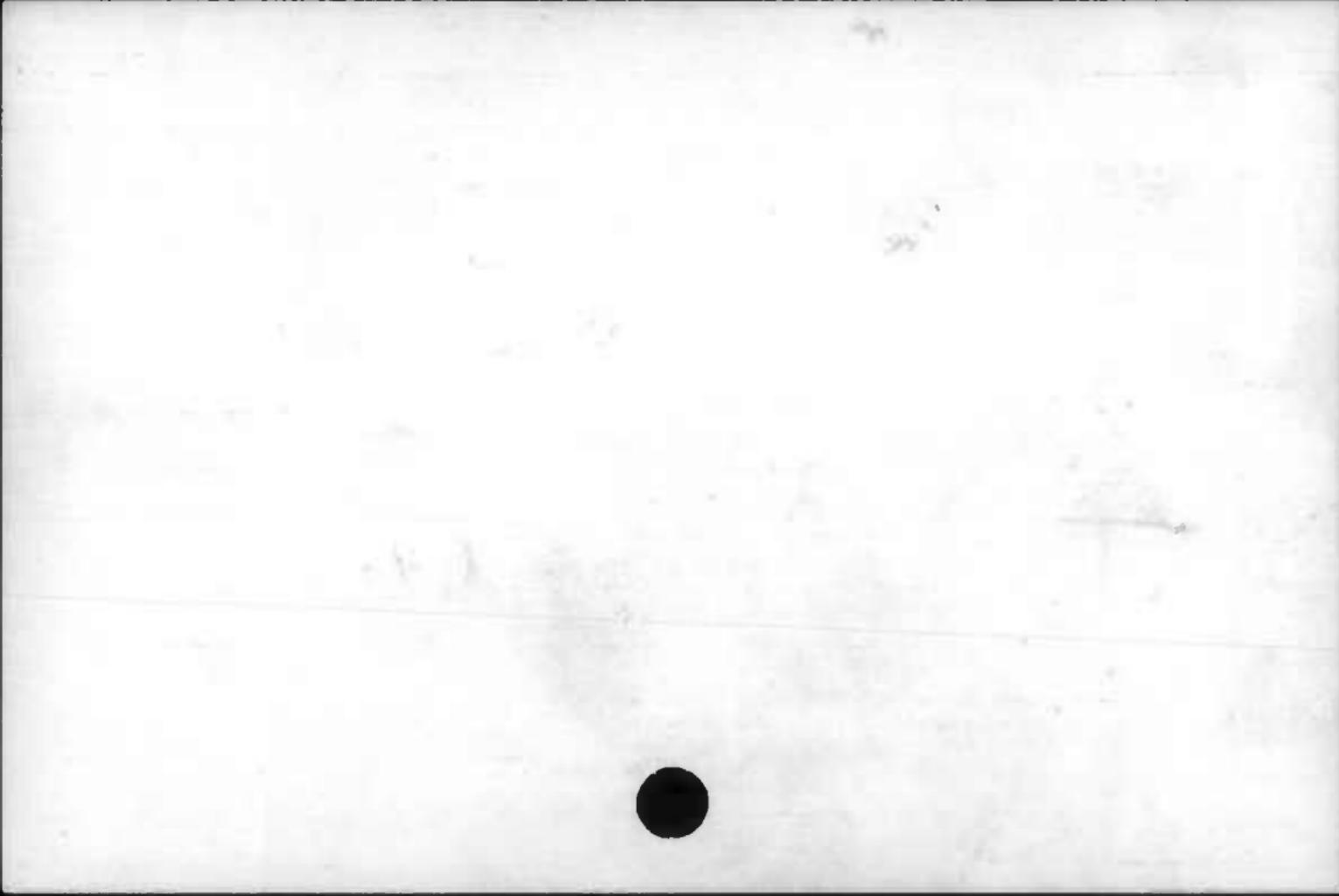
Signature of Physician

Yes.

Address

Joseph A Ross md
Seaport md.

Accident or Suicide



Name
in
Full

Oscar Goldsborough

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Bellevue		Calbot	
Date of death	Month	Day	Years
1909	June	27	Age 21
Sex	Color or Race	Birth-place	Months Days
Male	Black	Calbot	— —
Occupation	Where Residing if not at place of death		
Farmer	—		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Jacob Goldsborough		
Mother's Maiden Name	Harrett Goldsborough		
Name of person giving information	Jacob Goldsborough		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Accidentally
drowned

172

X

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

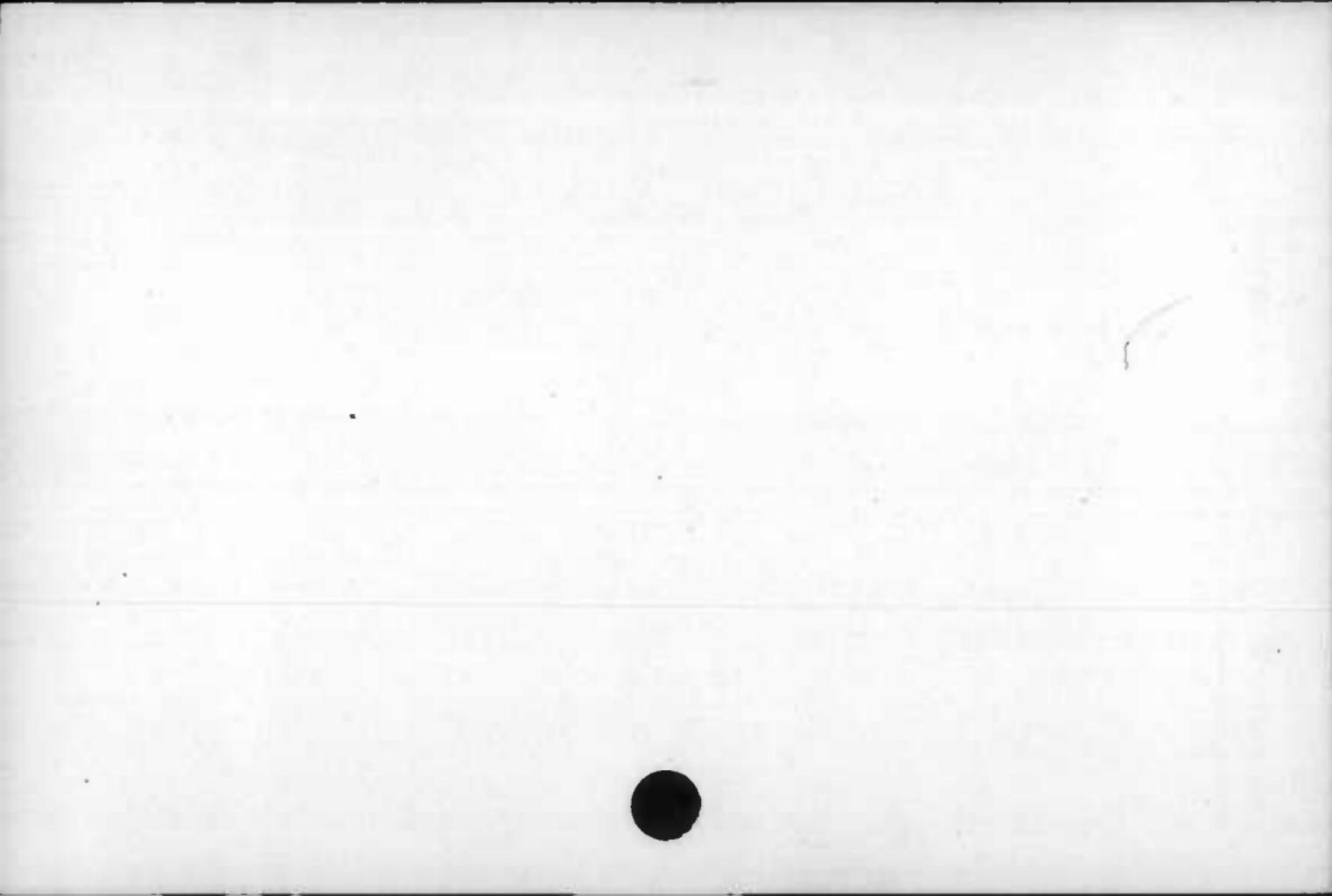
Signature of
Physician

Address

yes

J. J. A. Coroner
Royal Oak, Md.

Accident or Suicide?



Name
in
Full

Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Easton	Talbot			
Date of death	Month	Day	Years	Months	Days
1909 June		5	Age	48	
Sax	Color or Race	Black			
Male		Birth-place			
Occupation	Labour				
Married, Single or Widowed	Name of Wife or Husband		Whare Readings if not at place of death		
Wedower	Sarah Green		Easton		
Father's Name	Edmond Green				
Mother's Maiden Name	Angie Roberts				
Name of person giving Information	Benton Bentley				
CAUSES OF DEATH					
Primary	Thought to be Tuberculosis				
Immediate	not Known found dead				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
Yes		John B Fairbank		X	
		Address			
		3			
Accident or Suicide		Easton Md			

PHYSICIAN
OR CORONER

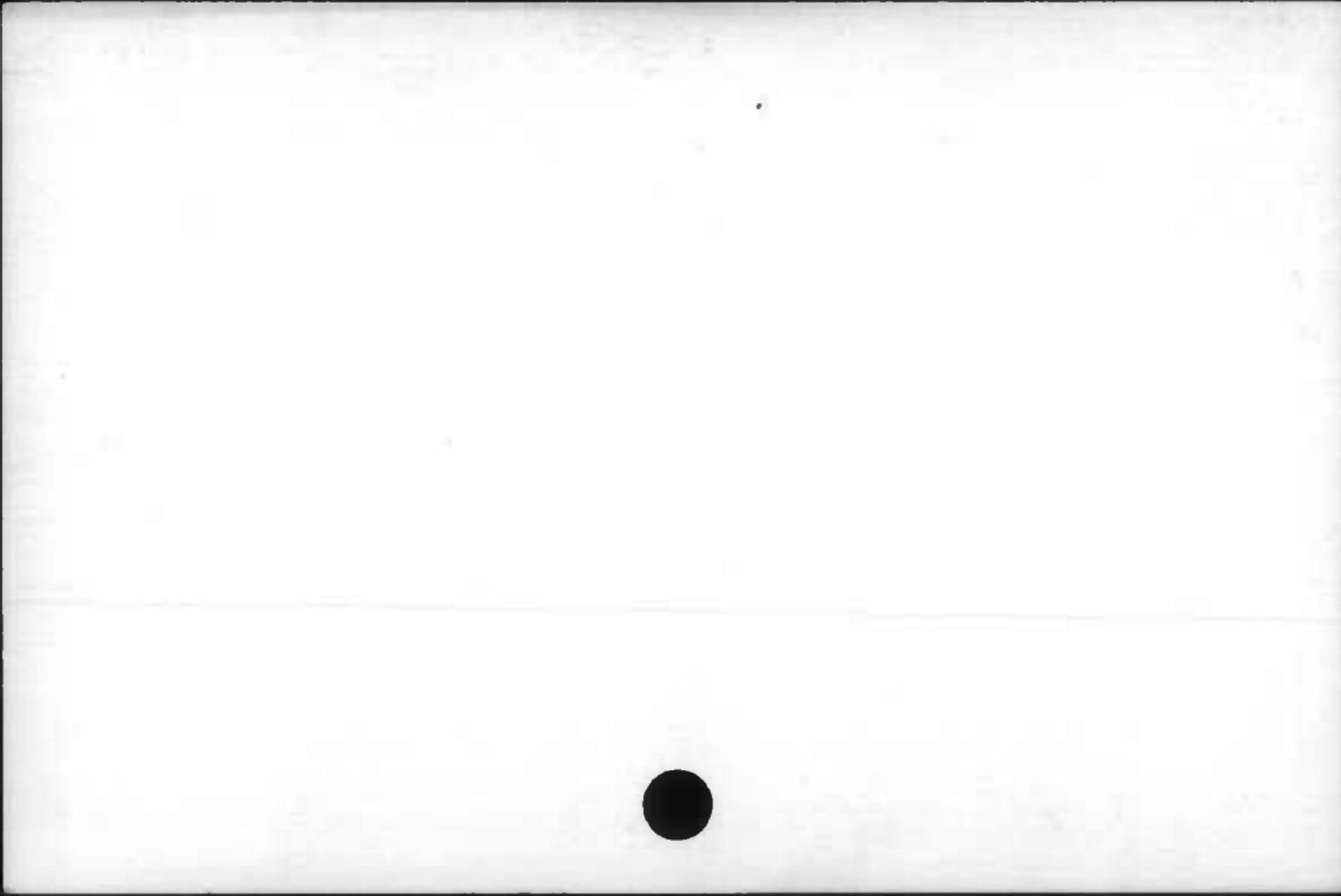
27

X

How long

X

How long



Name
in
Full

Mary Catherine Gries

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

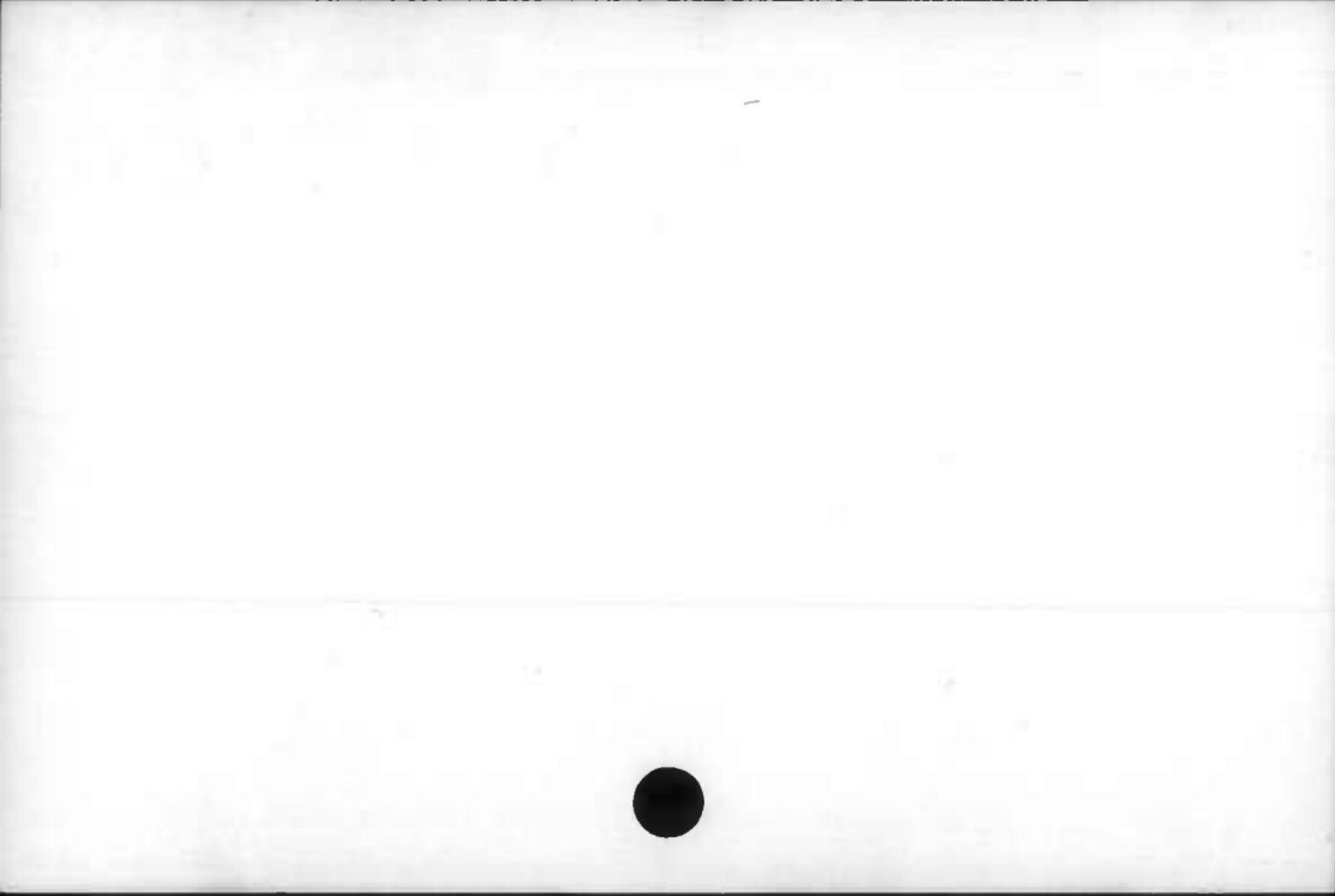
Town	County			MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death 190	9 June	5	Age 60	-	-
Sex Female	Color or Race	White	Birth-place	Towson Md.	
Occupation lady	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband Thomas Gries	Father's Name Daniel Abbott	Father's Birthplace Md.		
Mother's Maiden Name Maria Russ	Mother's Birthplace Md.	Name of person giving Information Mrs. S. Lee Tucker	How related to deceased Daughter		
CAUSES OF DEATH					
Primary	Osthisis Pulmonalis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Address	27

PHYSICIAN
OR CORONER

5 years
4 weeks

Accident or Suicide

E.R. Tripple
Towson
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Easton Town Talbot County

Date Month Day Year Month Day
of death 1909 6 21 Age 20

Sex Male

Color or
Race

Black

Birth-
place

Easton, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Isaac Harris

Father's
Birthplace

Easton, Md.

Mother's
Maiden Name

Amy Harris

Mother's
Birthplace

Easton, Md.

Name of person giving
Information

Father Isaac Harris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Unknown

176

X

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

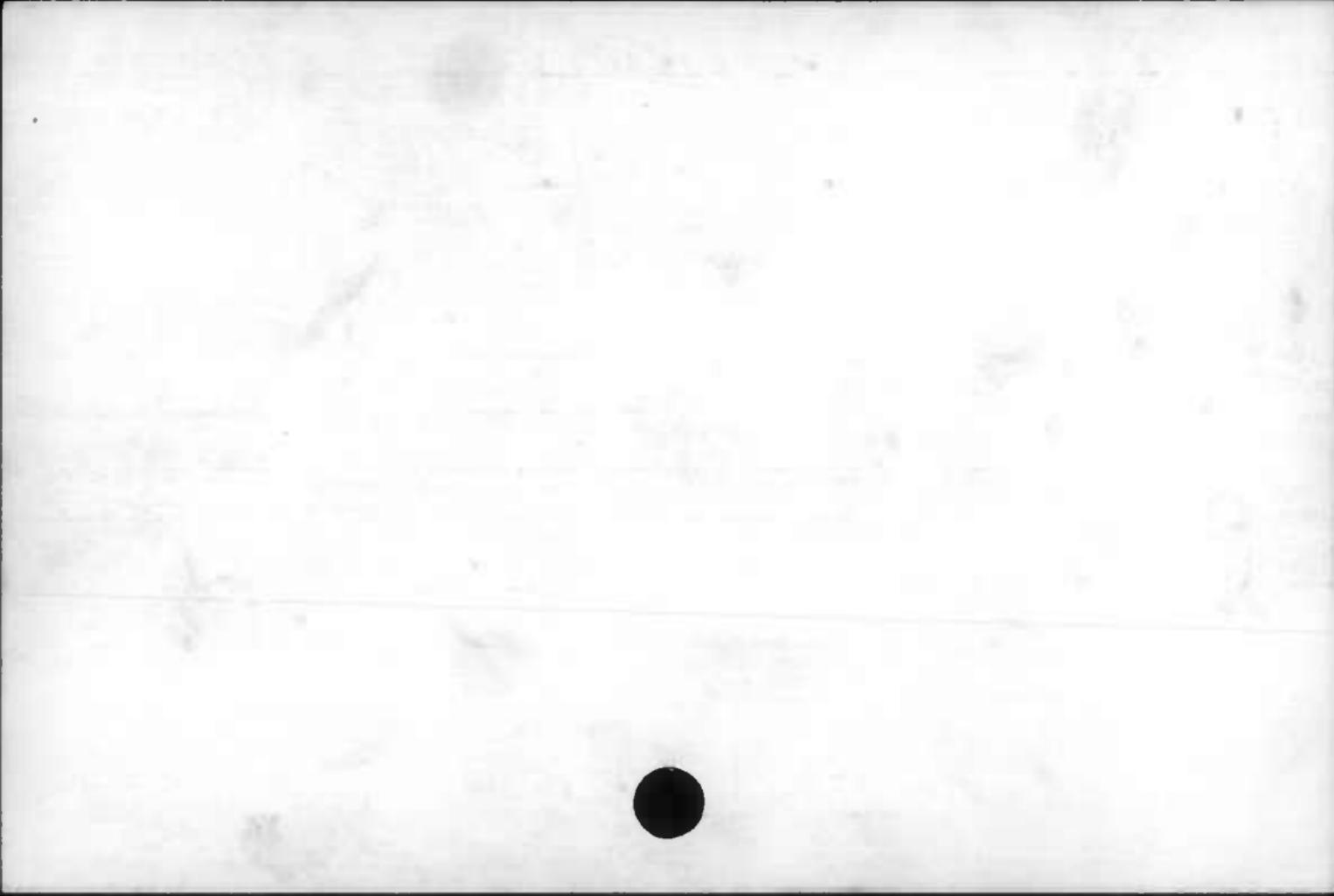
Address

Rabbi Haggard

Accident or Suicide

Accidental

Easton, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anthony Jackson.

Town Belvoir Talbot

Died at Belvoir Talbot Month Day Month Day

CERTIFICATE OF DEATH

Date of death 1909. June. 21. Age 72. Month Day

Sex Male. Color or Race Colored Birth-place Talbot Co Md

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Emily Jackson.

Father's Name Theodore Jackson. Father's Birthplace Talbot Co Md

Mother's Maiden Name Sonja Krov. Mother's Birthplace Talbot Co Md

Name of person giving information Daniel R. Jackson. How related to deceased Son.

CAUSES OF DEATH

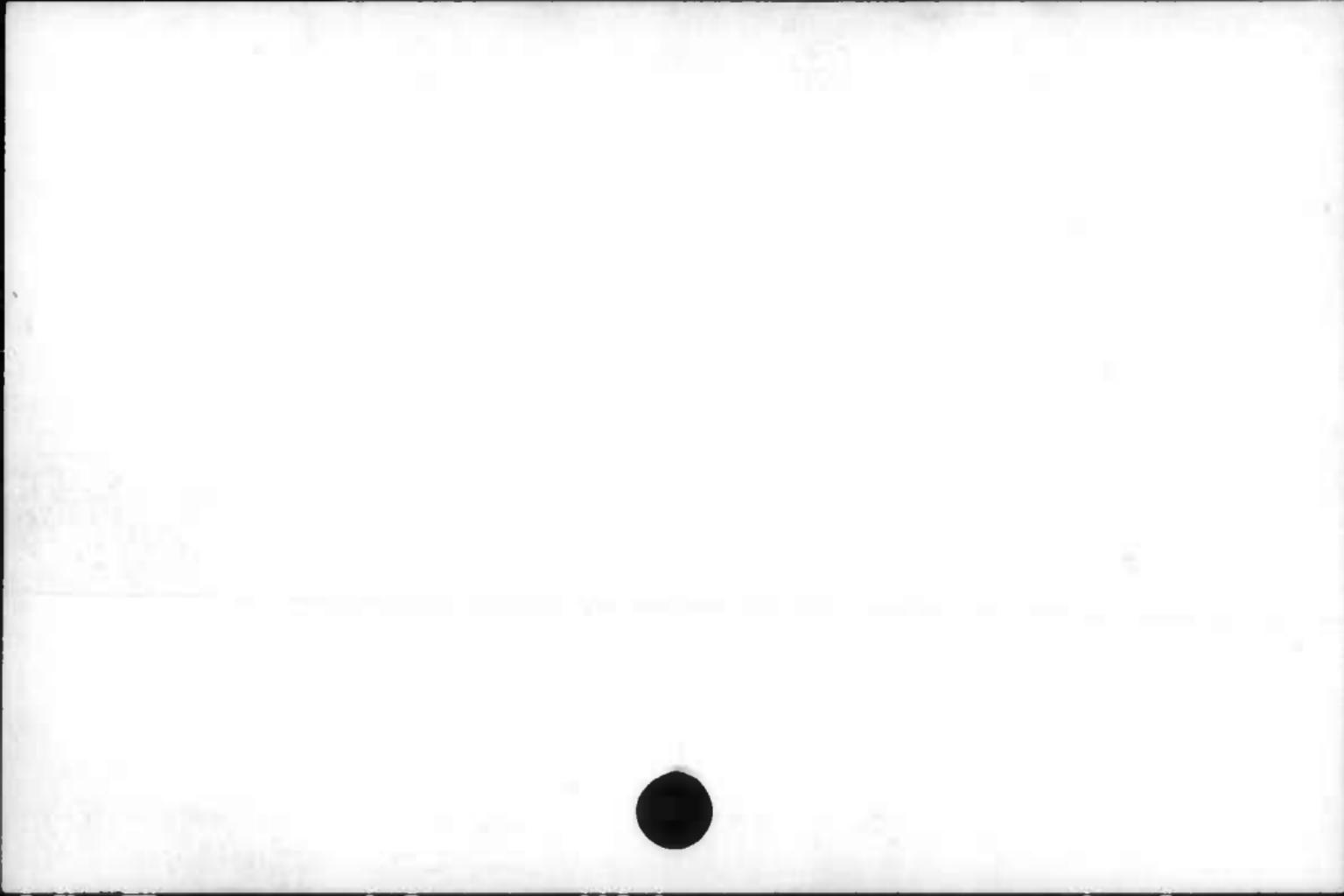
Primary Debility of old age 64 How long X

Immediate Congestion of Brain 5 or 6 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Saml Crippen

Address Royal Oak Md

Accident or Suicide



Name
in
Full

Charles W. Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
St Michaels	Talbot				
Date of death	Month	Day	Years	Months	Days
1909	June	22 ^a	Age 30	7	13
Sex	Male	Color or Race	Black	Birth-place	St Michaels
Occupation	Engineer	Where Residing if not at place of death	St Michaels		
Married, Single or Widowed	Married	Name of Wife or Husband	Vida J. J. Oliver		
Father's Name	John W. Lawrence			Father's Birthplace	5 th Dist. Talbot Co
Mother's Maiden Name	Ida M. Johnson			Mother's Birthplace	St. Michaels
Name of person giving Information	Vida J. J. Lawrence			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

6 mo.

Immediate

Respiratory Failure

How long

St Michaels Md.
St. Michaels
Md.

Are the name, age, sex, color, date and place correctly given above?

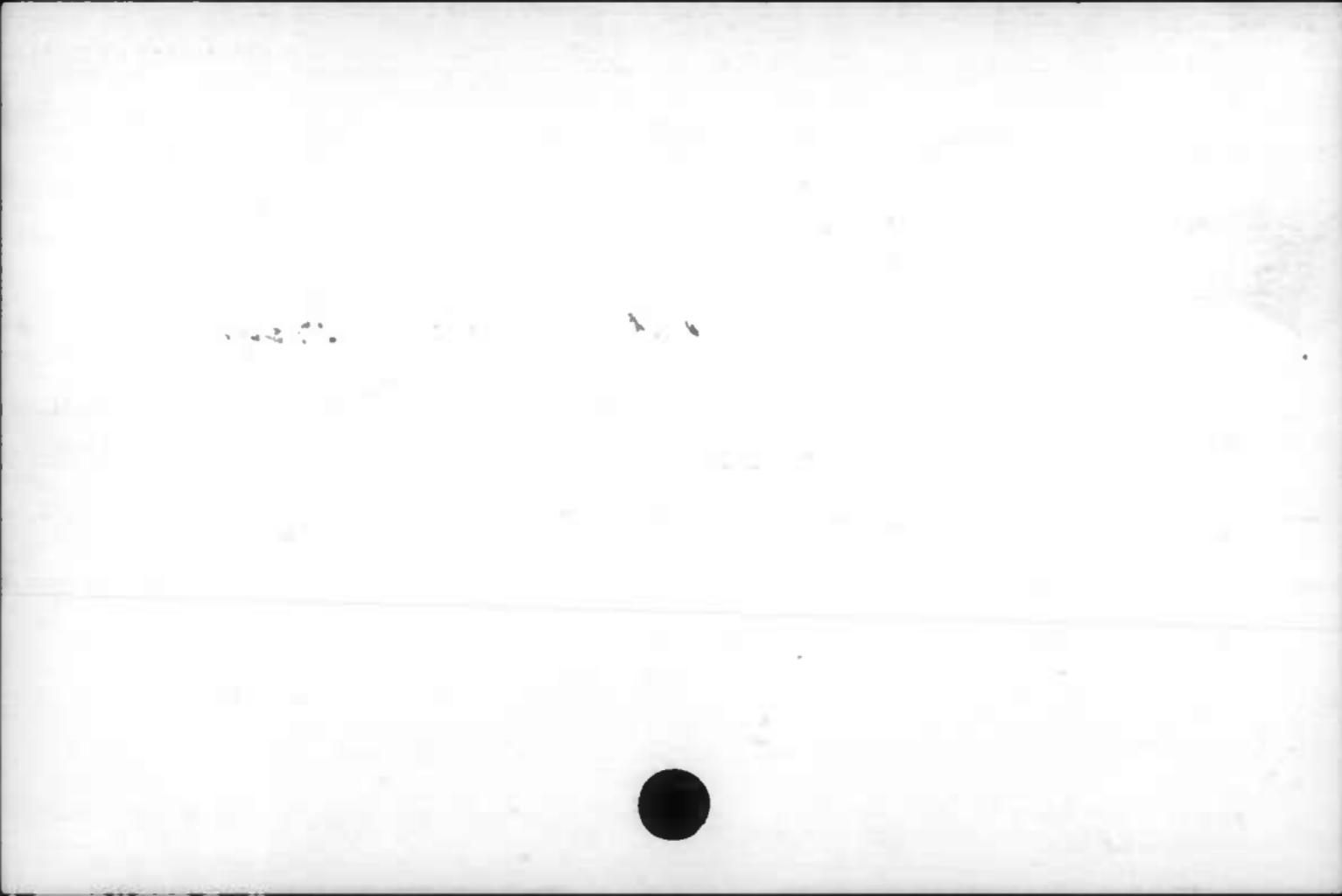
Yes

Signature of Physician

Address

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Langemecker,
Town Easton Talbot Co.

Died at MARYLAND
Date Month Day Years Months Days
of death 1909 June 26 Age 74 7 1

Sex Male Color or Race White Birth-place adams Co.
Occupation Farmer Pa.

Married, Single
or Widowed Name of Wife or Husband

1st wife Mary Ann
and a widow Wiernman

Father's Name

Father's Birthplace Pa.

Mother's Maiden Name

Mother's Birthplace Pa

Name of person giving Information

How related to deceased Son.

E. R. Langemecker,

CAUSES OF DEATH

Primary

Paralysis

66

X

How long

2 weeks

Immediate

Pulmonary Edema

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

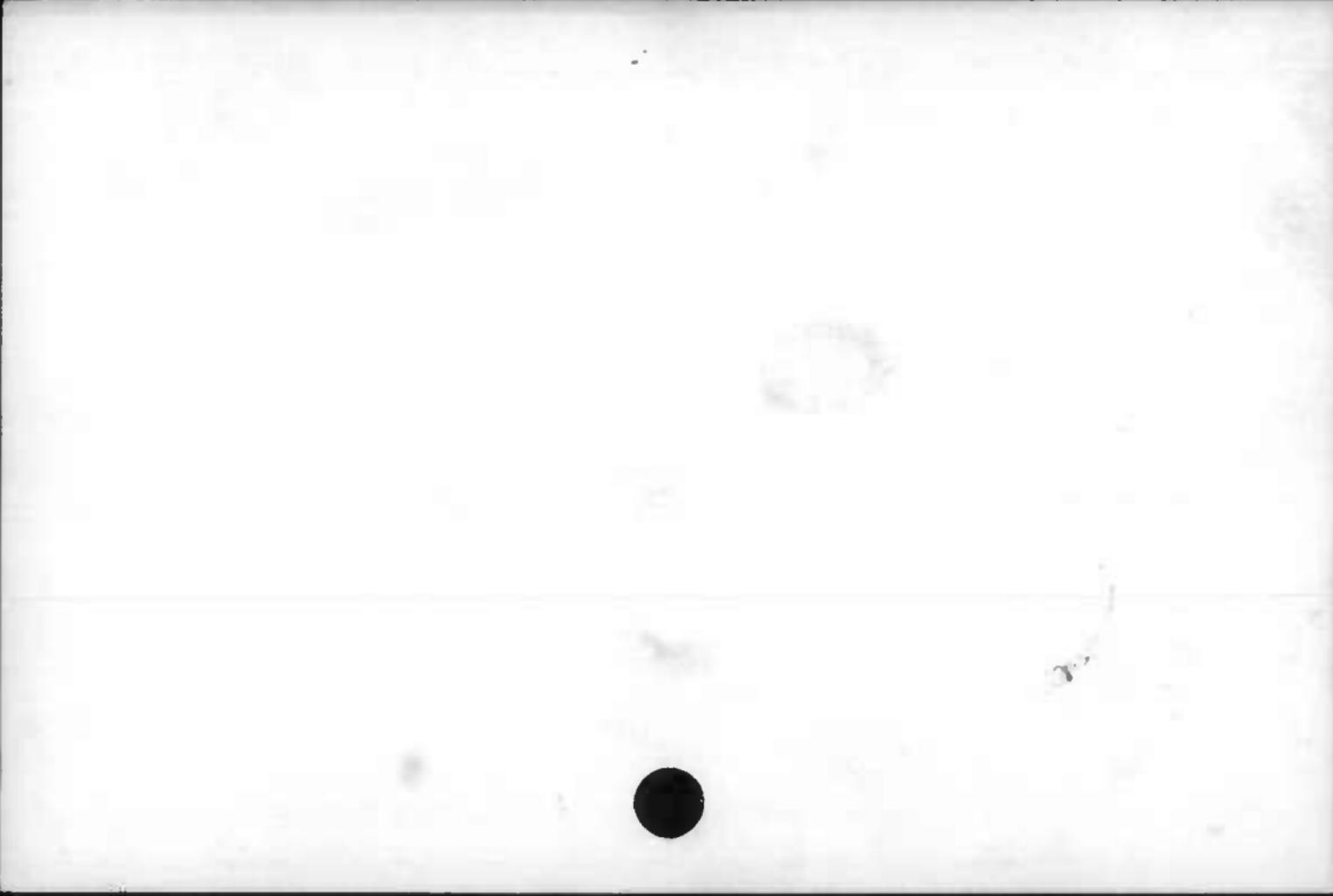
Signature of Physician

Address

James B. Menifee Jr.

122 E Dover St
Easton

Accident or Suicide



Name
in
Full

Edian Junior Pauls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mor Queen Anne</u>		Town	County <u>Talbot</u>	
Date of death 1909	Month <u>6</u>	Day <u>28</u>	Age <u>Colored</u>	Years <u>1</u>
Sex <u>Boy</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Talbot Co Md.</u>		
Occupation <u>Signed</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John Henry Pauls</u>			
Father's Name <u>John Henry Pauls</u>	Father's Birthplace <u>Md. Queen Anne Co</u>			
Mother's Maiden Name <u>Orrilla Bessix</u>	Mother's Birthplace <u>Calvert Co Md.</u>			
Name of person giving Information <u>John H. Pauls</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lung
Congestion

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

No

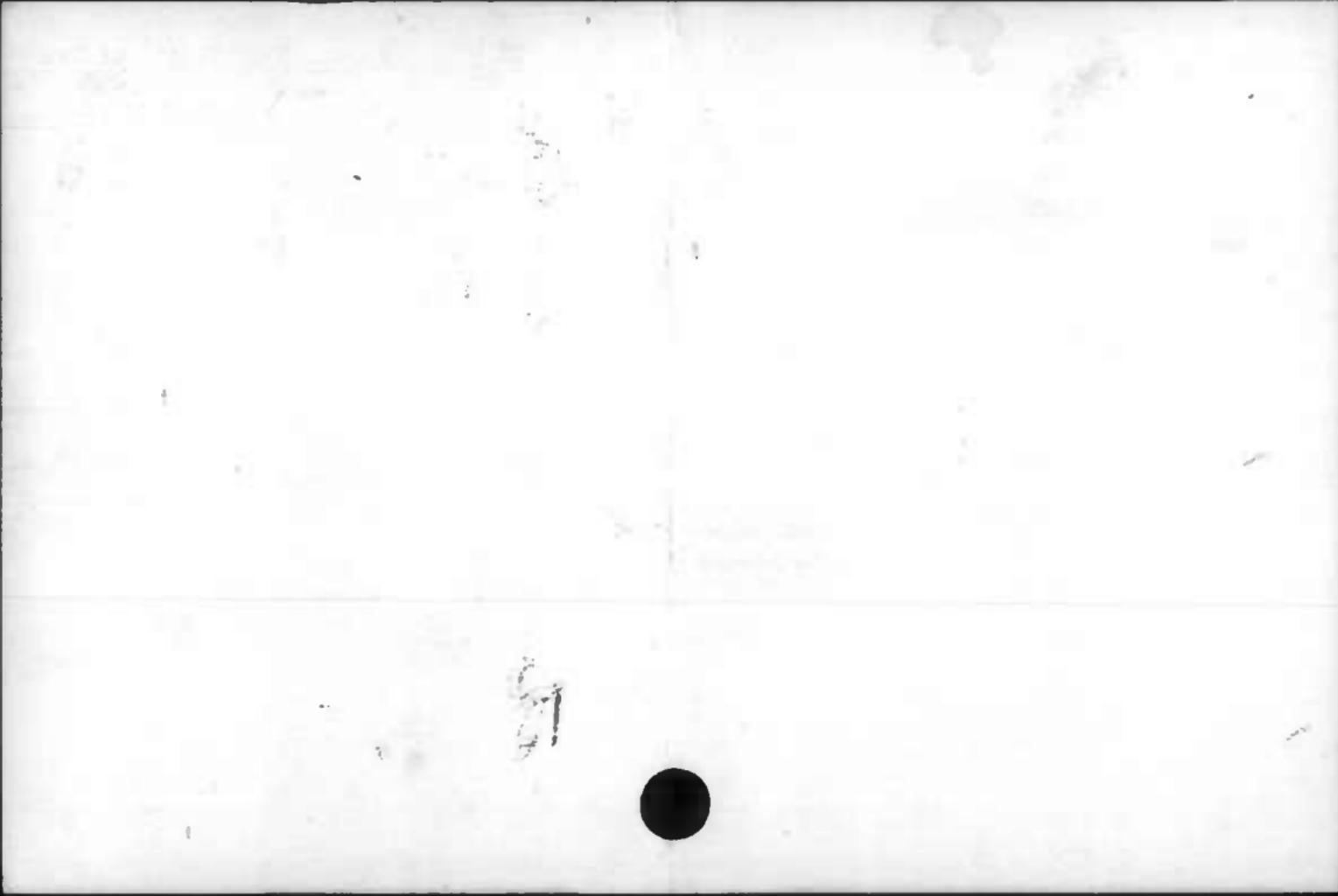
101

X
How long

3 days

10 minutes

Robley & Ackett, Md.
Queen Anne
Md.



Name
in
Full

Not named Rozier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad	Town <i>near Grappe</i>	County <i>Salisbury</i>	MARYLAND	
Date of death	Month <i>9</i>	Day <i>6</i>	Years <i>—</i>	Months <i>—</i>
Sax	Age <i>30</i>	Color or Race <i>nigro</i>	Birth- place <i>—</i>	Days <i>5</i>
Occupation	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>—</i>		
Father's Name	<i>John Rozier</i>			
Mother's Maiden Name	<i>Laura Green</i>			
Name of person giving Information	<i>John Rozier</i>			

CAUSES OF DEATH

Primary

Anthr. Gastitis

104

X

Immediata

How long

days -

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

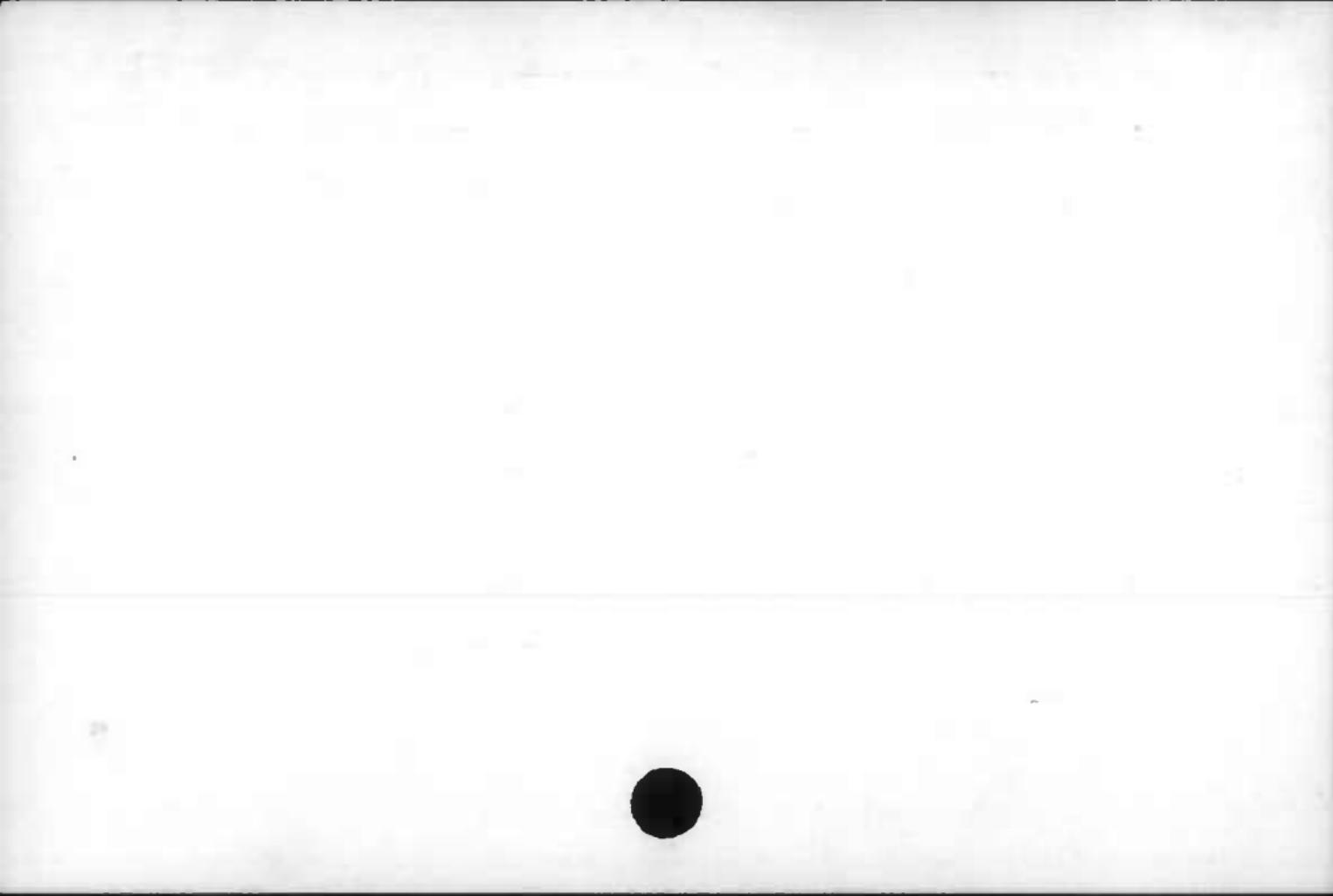
Yes -

*Joseph A. Ross MD
Grappe, Md*

Accident or Suicide

PHYSICIAN
OR CORONER





Name
in
Full

Thomas Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	NOT Known	
Father's Name	NOT Known		
Mother's Maiden Name	NOT Known		
Name of person giving information	X	Father's Birthplace	NOT Known
Mother's Birthplace	NOT Known		
How related to deceased	X		

CAUSES OF DEATH

Primary

Diagnosis uncertain
Coma & Expiration

Immediate

179

How long

about 2 weeks

• How long

so far as known

Are the name, age, sex, color, date and place correctly given above?

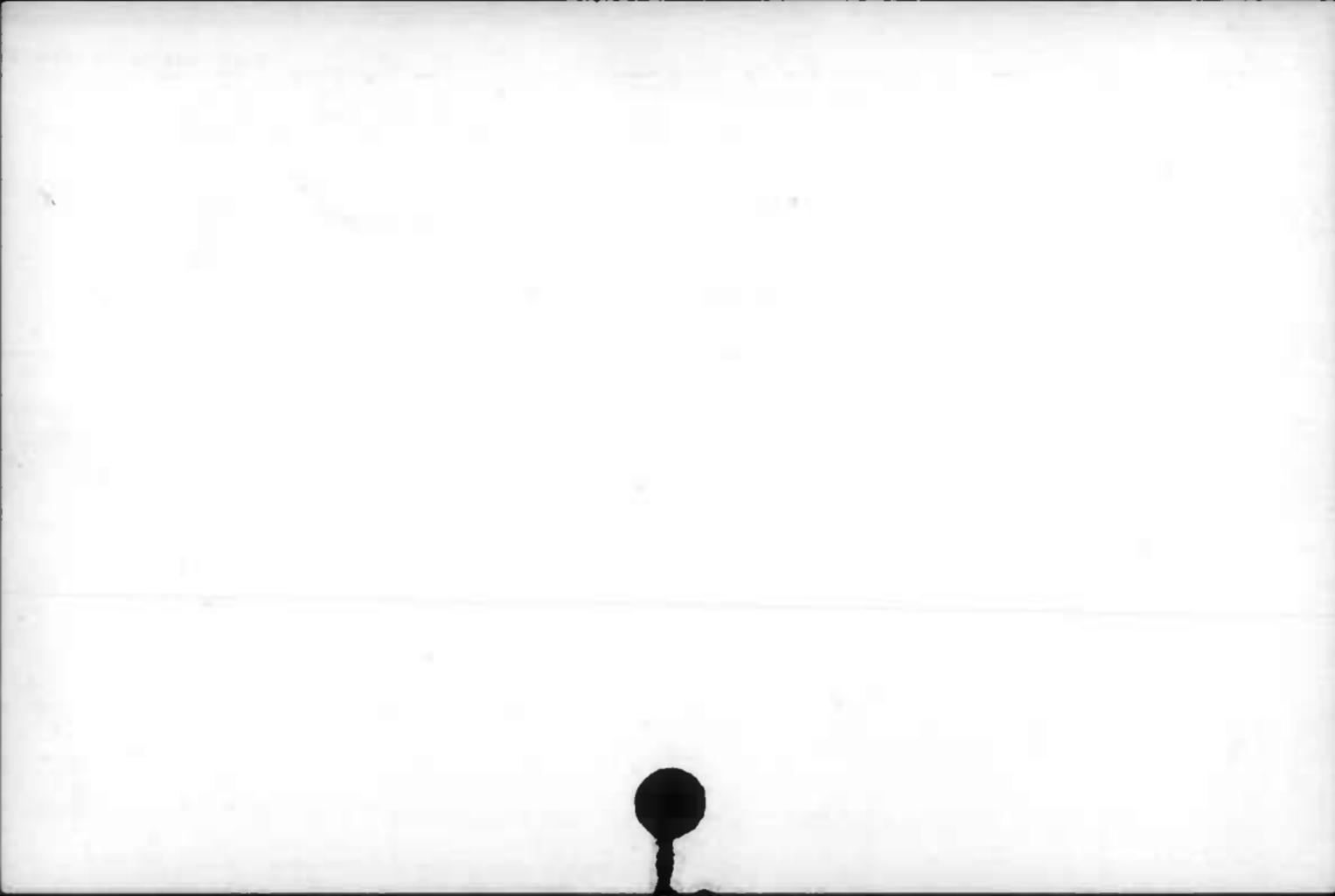
Signature of Physician

Address

E.P. Rippe M.D.
Easton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Chas T. Saulsby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Die at	Easton	Salisbury			
Date of death	1909 June 9	Day	Years	Month	Days
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	Mechanic	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A Soulsby	Father's Birthplace	Pa
Father's Name	Rob Soulsby			Mother's Birthplace	Pa
Mother's Maiden Name	Amelia Agam			How related to deceased	Son
Name of person giving Information	Thelma Soulsby			How long	11 months

CAUSES OF DEATH

Primary

Carcinoma of Bladder

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

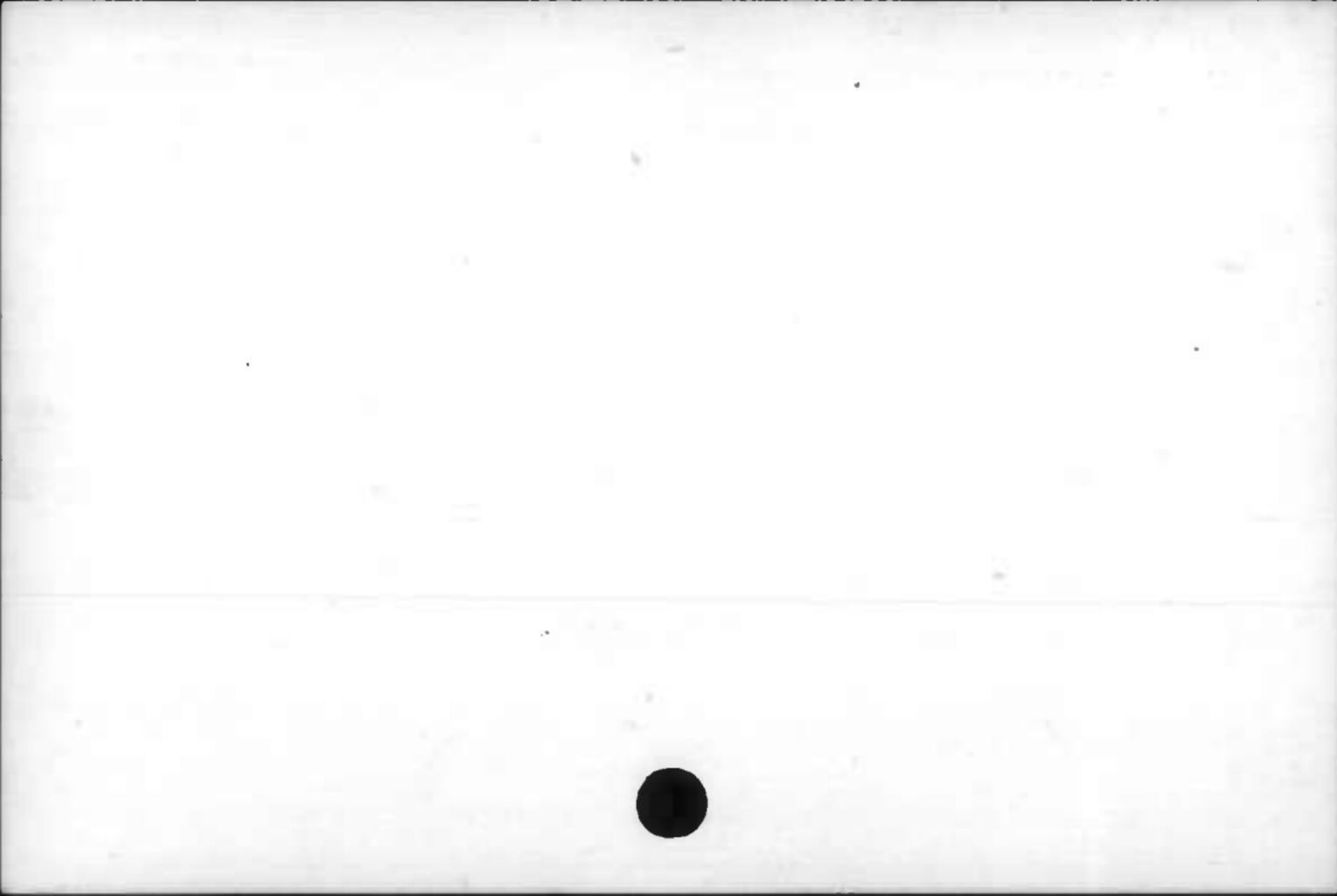
45

Hour

How long

1 hour

Accident or Suicide



Name
in
Full

Daniel A Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Miss Rock Creek	Talbot Co.		
Date of death	Month	Day	Years	Months
of death 1909	June	1	Age 32	Days
Sex	Male	Color or Race	white	Birth-place
Occupation	Farmer	Where Residing if not at place of death	New York	
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	James Smith	Father's Birthplace	Ireland	
Mother's Maiden Name	Anna Lavery	Mother's Birthplace	Ireland	
Name of person giving Information	Anna Smith	How related to deceased	Mother	

CAUSES OF DEATH

Primary

Suffocation of Brain

Immediate Congestion, convulsions, & coma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E R. Triplett

Address

74

Following

one year

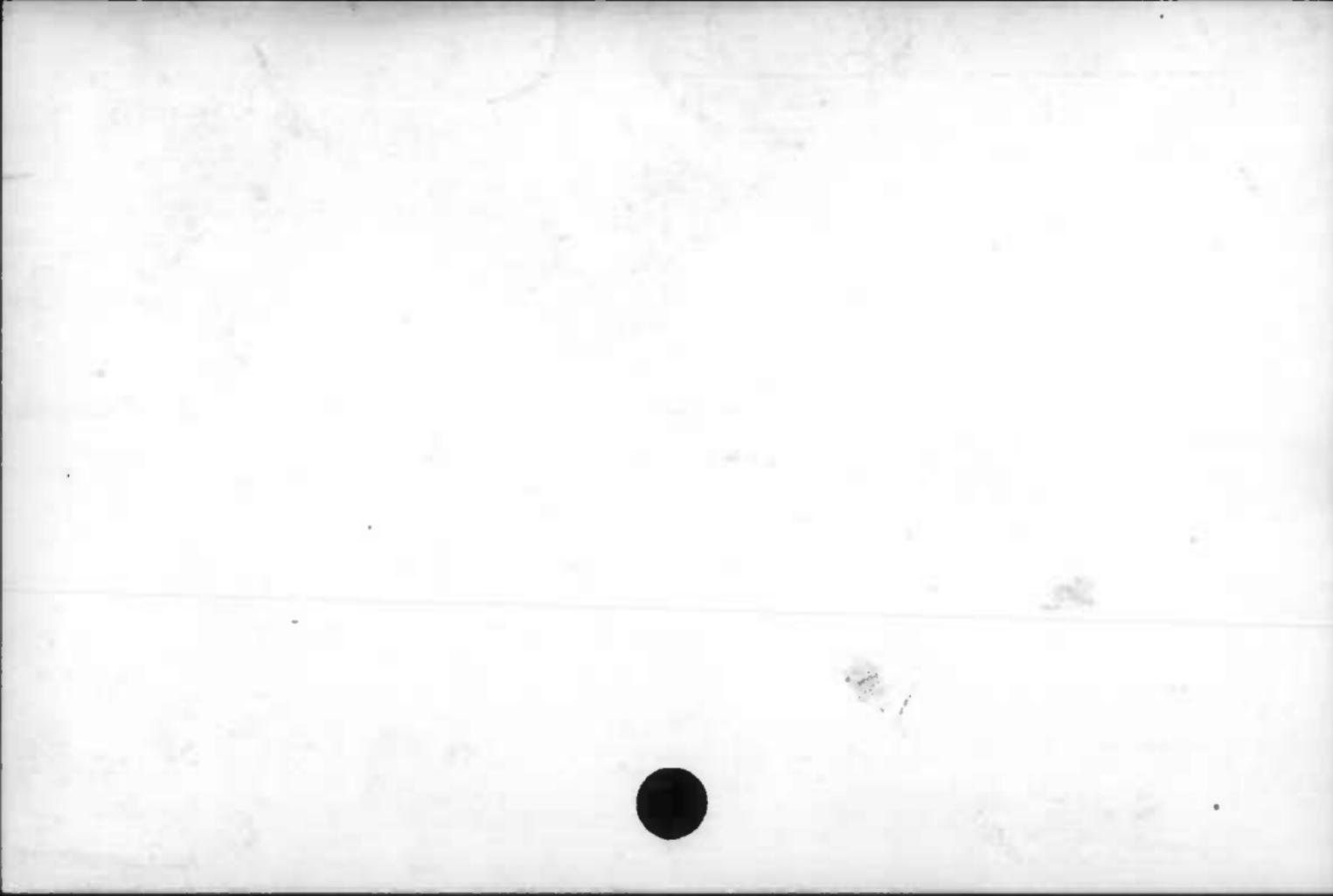
How long

4 days

Hed

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

John Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	93	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Susan Smith		
Father's Name	John Smith			
Mother's Maiden Name	Suey Brown			
Name of person giving Information	Susan Castle			

Primary

old age & dropsy

Immediate

Coma & exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. R. Triple

Easton Md

Accident or Suicide

PHYSICIAN
OR CORONER

CAUSES OF DEATH

177

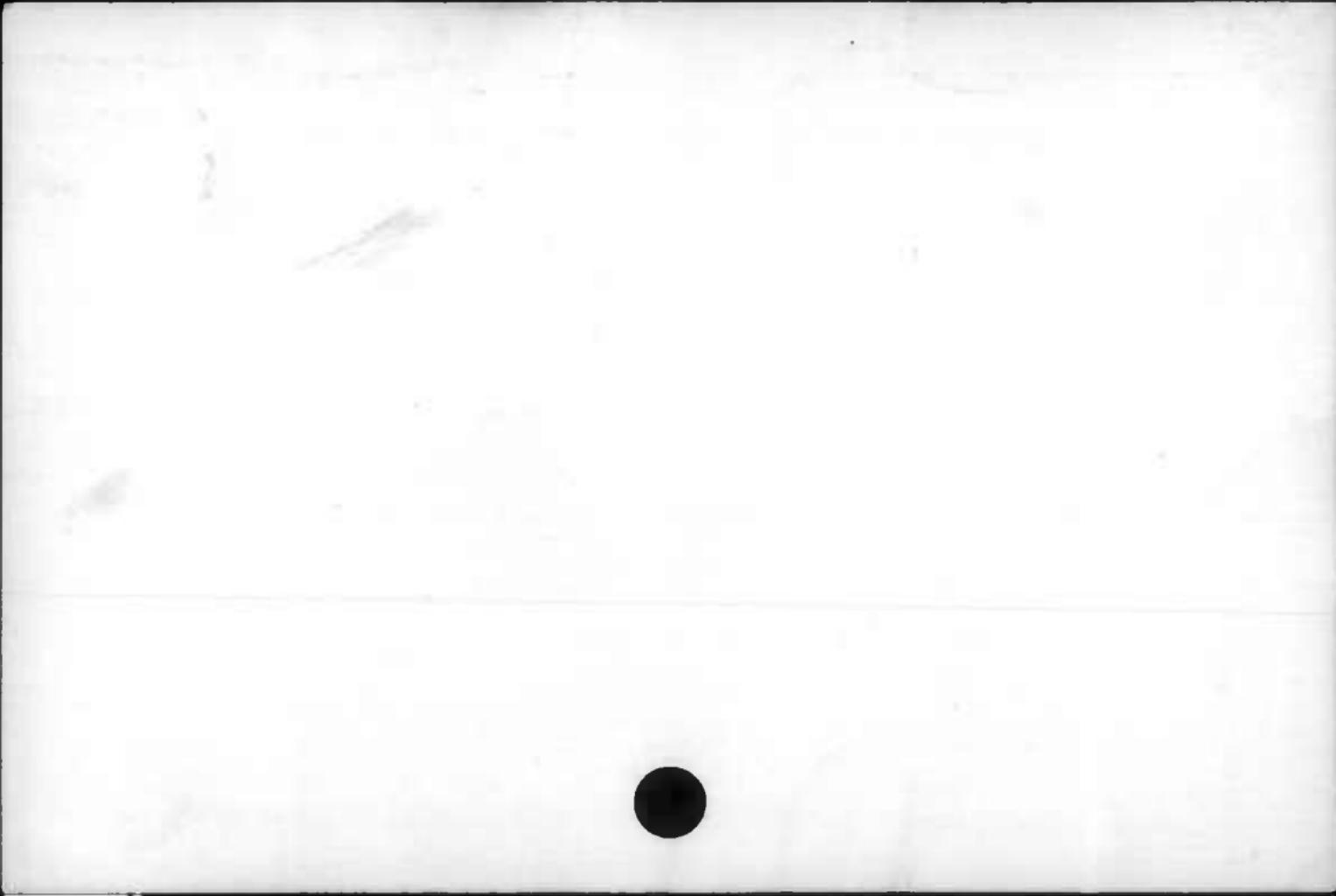
How long

How long

after days

X

X



Name
in
Full

Ella Sivord.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Month	Days
Sex	Color or Race	Age:		
Occupation	Whara Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Joshua Sivord.		
Father's Name	T. A. Boyles			
Mother's Maiden Name	Martha Jones.			
Name of person giving Information	J. T. Sivord			

CAUSES OF DEATH

Primary
Impaction Small Intestine (Enterolith.)

Immediate Auto.-Toxemic Shock -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. Dawson -

Easton

Md.

Accident or Suicide

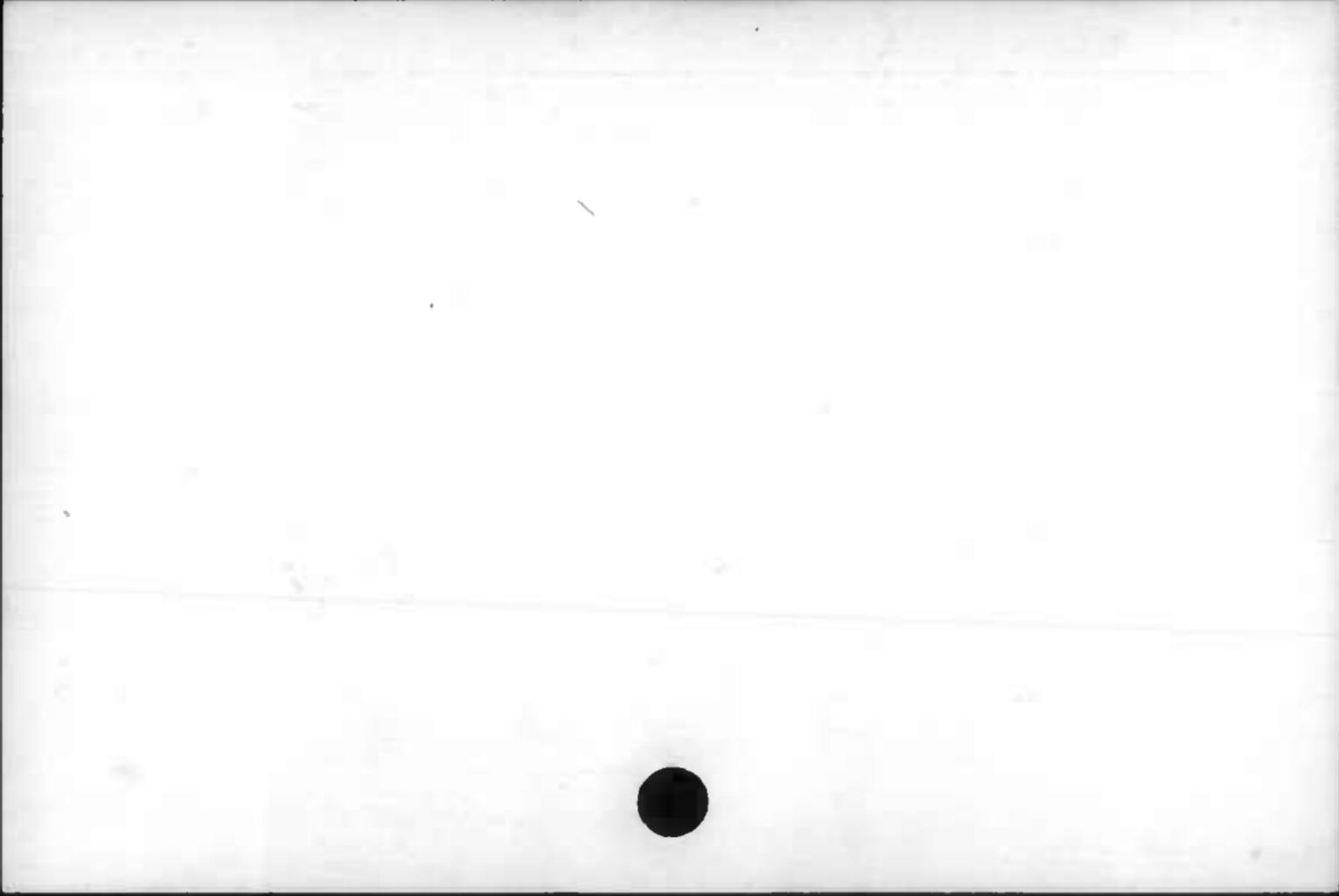
109

How long

5 day -

How long

few hours



Name
in
Full

Harry Albert Powers -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
near Trappe	Salisbury		
Date of death	Month	Day	Month
1909	6	27	9-
Sex	Age	Years	Days
Male	—	—	15
Occupation	Color or Race	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Ezekiel Powers.	Father's Birthplace	Salisbury Co. Md
Mother's Maiden Name	Lula-May Bryan	Mother's Birthplace	Salisbury Co. Md
Name of person giving Information	E. Jones -	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

105

X

Immediate

Exhaustion

How long

10 days -

Are the name, age, sex, color, date and place correctly given above?

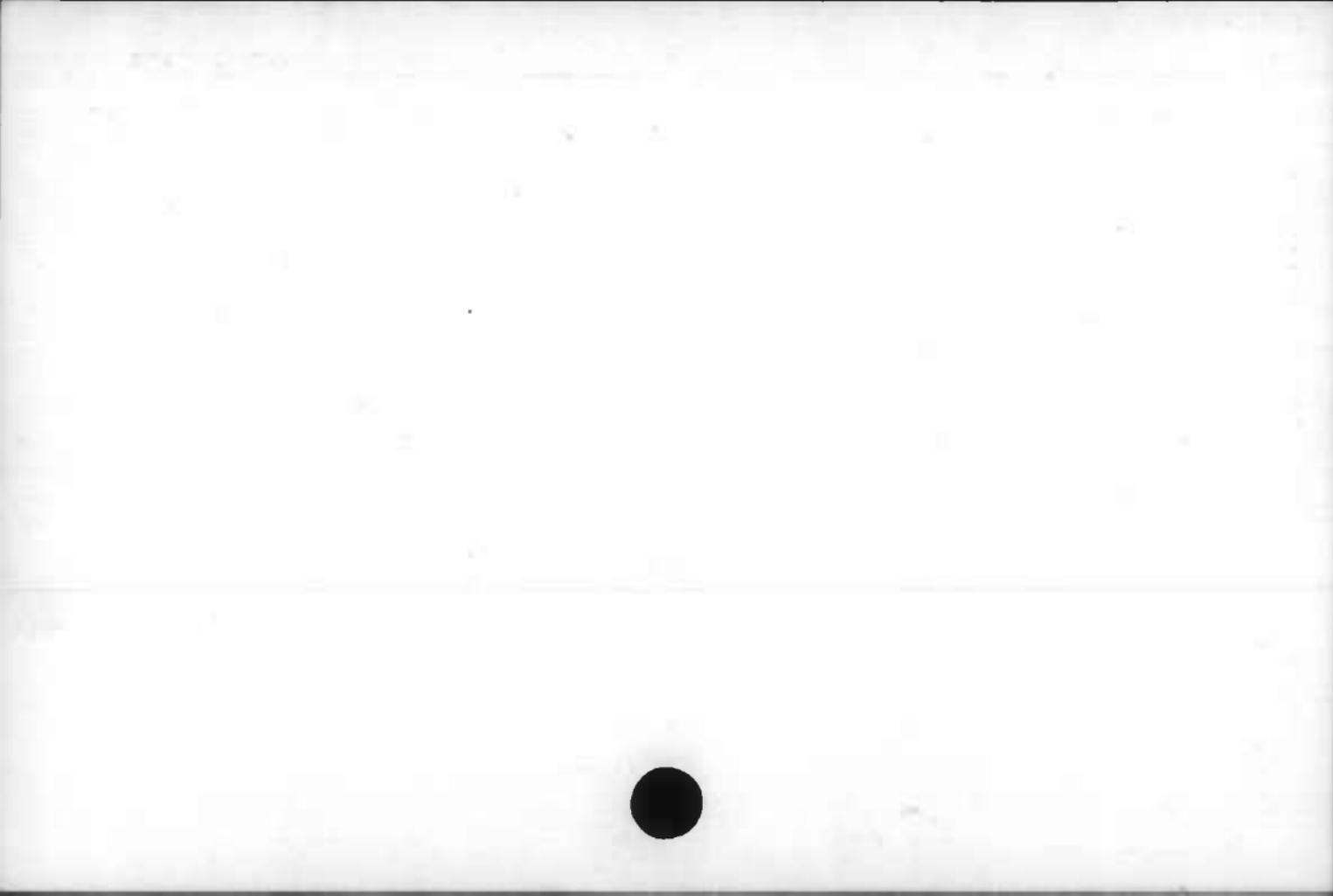
Signature of Physician

Yes

Address

Joseph A. Ross M.D.
Trappe, Salisbury Co. Md

Accident or Suicide



Name
in
Full

Edith May Thompson Woodill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at Bryn Mawr	Talbot -				
Date of death 1909 June 20	Month	Day	Years	Months	Days
Age 22			22	6	20
Sex Female	Color or Race white	Birth-place Asotin, Wash.			
Occupation Housewife	Where Residing if not at place of death Los Angeles, Cal.				
Married, Single or Widowed Married	Name of Wife or Husband Gilbert Woodill				
Father's Name Matthew W. Witty	Father's Birthplace Do not know				
Mother's Maiden Name Do not know	Mother's Birthplace _____				
Name of person giving Information Clara A. Thompson	How related to deceased _____				

CAUSES OF DEATH

176 X

PHYSICIAN
OR CORONER

Primary Fractured Skull

Immediate Concussion of Brain

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. J. B. Seth,
St. Michael,
Md.

Homicide.
Accident or Suicide?

22

(M)